

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002023

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 8

VS 300
Rev. 4/59

17000

27000

3

4 1

5 2

6

7 0

8 2

94200

10

11

1290-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lone Jack</u>		c. CITY OR TOWN <u>Lone Jack</u>	
Length of stay in 1b <u>3 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Town</u>		d. STREET ADDRESS (If outside, give location) <u>Town</u>	
3. NAME OF DECEASED (Type or print) First <u>Ollie</u> Middle <u>Warren</u> Last <u>Warren</u>		4. DATE OF DEATH Month <u>January</u> Day <u>25</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 30, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11a. BIRTHPLACE (City and state or country) <u>Pleasant Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Abe Bledsoe</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Basinger</u>	
14. NAME OF HUSBAND OR WIFE <u>Ben H. Warren (Dec.)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. INFORMANT <u>Mrs. Lee Oberweather, Lee's Summit, Mo.</u>		17. ADDRESS <u>Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cordian standstill</u> DUE TO (b) <u>Artery sclerotic heart disease with 3 yrs of 10 bundle branch block</u> DUE TO (c) <u>Cholelithiasis; Chronic Mitral stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholelithiasis; Chronic Mitral stenosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Sept 7, 1960</u> to <u>Jan 25, 63</u> and last saw her alive on <u>Jan 27, 1963</u> . Death occurred at <u>4 12</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>W. E. Kline MD</u> (Degree or title)	
22b. ADDRESS <u>Pleasant Hill, Mo</u>		22c. DATE SIGNED <u>1-28-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 27, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery Pleasant Hill, Missouri</u>	
24. FUNERAL DIRECTOR <u>Langsford Funeral Home</u> ADDRESS <u>Lee's Summit, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 26, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>N. B. Langsford</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4962

P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.